

## Infant Mortality and the Care of the Expectant Mother.

THAT both the country as a whole and the medical profession in particular are alive to the urgent importance of preserving infant life is proved by the great activity that now prevails in Government departments, as well as in professional and private circles, in formulating schemes to promote this object. The Local Government Board has recently issued an important circular of revised regulations with respect to the payment of grants to local authorities in connexion with infant-welfare work, which includes the care of expectant and nursing mothers as well as of the infants. These proposals are of the most liberal nature, as may be judged by the fact that the Board undertakes to pay grants during each financial year in respect of the following services: the salaries and expenses of inspectors of midwives, the salaries and expenses of health visitors and nurses engaged in maternity and child-welfare work, as well as for the medical care of the mother during confinement and of the infant during illness. Throughout the counties and boroughs the medical officers of health are busy preparing plans in accordance with these generous provisions, and already the number of health visitors appointed by local authorities shows a great increase since the commencement of the war—to be precise, from 600 to 1090. Meanwhile, the National Association for the Prevention of Infant Mortality, which exercises a vigilant eye over the medical and voluntary aspects of this movement, announces the appointment of a strong and representative committee for the foundation of a great national institute of mothercraft. Nothing that is connected with the welfare of motherhood and infancy is to be outside the scope of this projected organisation. All the scattered activities, which are now independently doing good work, are to be focussed in this one national or imperial centre. The proposed aim of the institute is essentially preventive, and among the contemplated departments are to be numbered an ante-natal clinic, an infant consultation, a day nursery, a nursery school, an observation ward for wasting babies, as well as facilities for teaching and research. Here centred under one roof there are to be gathered together a series of model departments to afford ocular and practical demonstration of the manner in which work of this kind should be conducted in all its best social, domestic, and clinical aspects. The effect of such practical example should spread over the whole country and raise the standard of administrative efficiency in all that concerns mothercraft.

A series of papers, constituting a sort of symposium, were recently read at the Royal Society of Medicine before the Section of Obstetrics and Gynæcology—and we owe to the society an advance proof of these papers, which will, we presume, be published later in the Transactions. They all bear directly on the salvation of the infant, and prove that the medical profession is alive to the need for

safeguarding the interests of the expectant mother and thereby those of the now greatly valued offspring. Although much still remains to be perfected in the details of infant management, it is now well recognised that the results of good mothercraft are, if not exactly wasted, at least greatly depreciated unless there has been a corresponding safeguarding of the interests of the child's health before birth. The fallacy of the old belief that 90 per cent. of all babies are born healthy is gradually but surely being exposed by such inquiries as those which are recorded in one of the papers alluded to, an admirable essay by Dr. AMAND ROUTH on "The Importance of getting a Pregnant Woman under Medical Supervision and Affording her the Necessary Treatment"; and in another useful contribution by Dr. S. G. MOORE, medical officer of health of Huddersfield, on "The Need for Improvement in the Care of Pregnant Women and a Direct Means to that End." It does, indeed, seem paradoxical in the light of such evidence, and in that of much other work which has accumulated on the same subject during recent years, that the belief in the physical soundness of the majority of new-born babies should have gained and still retains such wide currency. The same adverse causes as compass the death of the embryo and foetus *in utero* when the degree of injury is intense, tend also to impair the general efficiency of the developing organism when the degree of injury is less severe. Although there is no practical standard by which we can estimate the degree of vitality of the new-born baby or his chances of survival, it is probable that the number of infants who are perfectly healthy at the time of birth is not large. At any rate, it is impossible to deny that there are practically none whose chance of survival could not have been improved by better management and sounder hygienic methods during the all-important period of intra-uterine life. In this connexion a paper by Lady BARRETT on "The Importance of Linking-up all Organisations for Maternity and Child-Welfare in Local Health Districts," and one by Dr. COMYNS BERKELEY on "The Maternity Centre and its Relation to the Private Medical Attendant and the Midwife," proved interesting contributions to the discussion.

In a memorandum to his committee Dr. A. K. CHALMERS, medical officer of health of Glasgow, outlines a very comprehensive scheme of child welfare suitable for a large community, such as that over which he holds medical jurisdiction. In this he insists that there is abundant evidence to prove that much of the life lost in infancy is avoidable only by the exercise of prophylactic measures directed towards ensuring the health of the mother antecedent to the birth of the child, and the new provisions contained in the recent Memorandum of the Local Government Board form a frank acknowledgment that those hitherto made have been inadequate.

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UNIVERSITY OF CAMBRIDGE AND THE M.B. FOR WOMEN.—The grace for opening the First and Second M.B. examinations to women has been approved.

## Annotations.

"Ne quid nimis."

### LABYRINTHINE DISTURBANCES IN MILITARY CASES OF CEREBRAL CONCUSSION AND INJURY.

A USEFUL contribution to the study of the symptoms of *commotio cerebri* and of intracranial injury generally has been made by Dr. François Moutier. Impressed by the frequency with which vertigo, accompanied or not by impairment of hearing and of equilibration, is complained of by soldiers with head injuries or with simple *commotio*, he made an examination of 46 cases, of which 28 were cases of actual cranial trauma, while the remainder belonged to the concussion group. Among the 28 only 6 were instances of frontal or occipital lesion; all the others had been wounded in the temporo-parietal region. The examination was conducted on an average some eight months after the injury. No fewer than 40 of the 46—i.e., 87 per cent.—presented symptoms of labyrinthine defect, although, as may be imagined, the other intracranial symptoms to which these were joined were of a very variable description. In only half the cases was any objective impairment of hearing remarked, though tinnitus in some form was conspicuous by its frequency, while the cases with the most definite auditory defects were also those in which vertiginous attacks were most pronounced. Titubation was a fairly common occurrence, but Romberg's test for static ataxia was positive in only seven cases. The two tests employed by Dr. Moutier were Babinski's method for galvanic vertigo and Barany's caloric test, and he mentions his unhesitating preference for the former as being more practicable and attended with more constant results. Further, Babinski's test is much less likely to occasion such general disturbance of the patient as to render difficult the investigation of the experimentally produced phenomena, which, it is well known, are transient and therefore necessitate quick and precise observation. It is performed as follows. With the electrodes placed just in front of the tragus on either side there is produced, with a galvanic current of from 3 to 5 milliampères, a rapidly increasing sensation of vertigo, with a varying nystagmus. As the current increases the head is inclined, with or without rotation, to the shoulder of the side on which is placed the anode. Should there be a labyrinthine lesion, however, the head is inclined to the side of the lesion whatever be the direction of the current, while, in addition, there is a raised threshold for the production of the vertiginous sensation, so that it, and indeed the nystagmus also, may be completely wanting. The increase of resistance to the artificial production of vertigo is not so common as the inclination of the head, which is constant. Dr. Moutier found a raised threshold in 16 of the 40 cases; in 10 of these no less a current than from 13 to 26 milliampères was necessary to produce vertigo. Some of these were cases of actual trauma, others were instances of *commotio cerebri*. Some, again, showed the increase of resistance bilaterally, others unilaterally; as a rule, it was present on the side of the cranial lesion. A remarkable fact was observed in three cases of occipital lesion and in none of the others of the series—viz., that the resistance was bilaterally diminished and that vertigo was produced with a current of less than 1 milliampère. As for the inclination of the

head, Dr. Moutier states that he has found experimentally that its threshold is some 3 to 6 milliampères above that for the determination of vertigo in the normal individual; in his pathological cases the difference is much greater, varying from 8 to 18 milliampères. Two only of the 40 showed no head inclination; they were both cases of parietal lesion, and in them vertigo was readily produced. In 13 of the 18 cases of *commotio* the inclination was always to one and the same side; in the majority of the traumatic cases the inclination was to the side of the lesion whatever the direction of the galvanic current. The three occipital cases and seven others gave a movement of the head in an antero-posterior direction, unaltered by a change in the passage of the current. Dr. Moutier draws particular attention to a transient mental obnubilation, a sort of artificially produced mental confusion, which is apt to appear after the vertigo and previous to the head deviation. It is sometimes intense, coinciding with severe vertigo, and sometimes increasing to an actual loss of consciousness. The interesting point is that not a few of his patients declared the "shock" thus produced to be identical with the shock which they experienced at the moment of being wounded; whence Dr. Moutier conjectures that in every case of *commotio cerebri* it is probable a labyrinthine element participates. As for Barany's tests, these were performed in 14 cases, in only two of which was any characteristic result obtained in its entirety. Speaking generally, the obnubilation was so intense and persistent that it tended to obscure the other phenomena. One of the practical deductions drawn by the author from these investigations, which were published in full in the *Revue Neurologique* for July last, is the value of the tests in establishing the sincerity of patients whose subjective symptoms might otherwise be regarded somewhat sceptically by the physician.

### DREAMS.

THE subject of dreams and their causation has claimed attention from the earliest times, probably from the dawning of man's consciousness. Exact knowledge on the subject is in the nature of things difficult to obtain, and most of the facts on which rival theories are based are themselves occasions of dispute. Dr. Robert Armstrong-Jones, in a recent address to the Abernethian Society, reported a number of interesting facts, both ancient and modern. He considers that on analysis 60 per cent. of dreams will be found to relate to sight, 5 per cent. to the sense of hearing, and only 3 per cent. and 1.5 per cent. respectively have reference to taste and smell. The two latter being the more primitive and organised of the senses, frequently attach themselves in dreams to sight and hearing, the objects to which taste and smell relate being visualised or heard. After briefly setting out how the mind normally works in a waking state, Dr. Armstrong-Jones defined his conception of the working of a dream as follows:—

These three factors—viz., cognition, feeling, and will—are the invariable accompaniments of every mental process, whether an object is presented from without, or its picture is experienced from within. The same analogy applies to presentations and representations referring to the organic sensations. In dreams these factors tend to become dissociated; the will remains in abeyance, whilst the cognitive elements may be represented alone, or grouped with others which are similar or dissimilar; the feelings may also be represented to the mind and may either be painful or pleasurable. It is the will which refuses to act, and it is questionable whether a dream, once initiated, can ever be